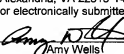
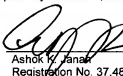


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Liny et al.	Group Art Unit: 1794
Application No: 10/691,418 Confirmation No: 6173	Examiner: Miller, Daniel H
Filed: October 22, 2003	Attorney Docket No: 008716 USA/AGS/SPARES/DP
Title: CLEANING AND REFURBISHING CHAMBER COMPONENTS HAVING METAL COATINGS	November 4, 2010 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136			
Via EFS <input checked="" type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Response to Restriction/Election Requirement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Preliminary Amendment	Extension (Months)	Extension Fee		
			Large Entity	Small Entity
		<input type="checkbox"/> One Month	\$130.00	\$65.00
		<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	
		Total \$ 0.00		
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.				

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	17	26	0	\$52.00	\$26.00	\$0.00
Independent Claims	5	5	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ <u>0.00</u> .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:		Respectfully Submitted,	
By:  Amy Wells	Date: <u>November 4, 2010</u>	By: 	Date: <u>November 4, 2010</u>
		Ashok K. Janah Registration No. 37,487	